

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011496

FILED
Apr 14, 2009
Secretary of State

Entity Name: FUNDACION ROCKINCHA "LOS NINOS DE LA LUZ", INC.

Current Principal Place of Business:

1505 NW 14TH ST.
MIAMI, FL 33125

New Principal Place of Business:

2445 NW 14TH ST.
MIAMI, FL 33125

Current Mailing Address:

2445 NW 14TH ST.
MIAMI, FL 33125

New Mailing Address:

FEI Number: 32-0138058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUIS, MARIA M
2445 NW 14TH ST.
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUIS, MARIA M
Address: 2445 NW 14TH ST.
City-St-Zip: MIAMI, FL 33125

Title: DV () Delete
Name: VALDES, LINAKA
Address: 838 NW 134TH AVE.
City-St-Zip: MIAMI, FL 33182

Title: TD () Delete
Name: RIBAO, ELIZABETH
Address: 2445 NW 14TH ST
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA LUIS

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date